

## KENTUCKY LEGISLATIVE ETHICS COMMISSION

STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government.

☐ Check here and attach additional sheets if necessary Number of sheets attached.
Please Include The Following Information For The Preceding Calendar Year:
Name Wames R. (DICK) BRUNSON JR  Business address /// BRODESIGE DRIVE NICHOLASVILLE, KY 4035  Business telephone (859)885-4155  Home address 2606 CRAB DRIMARD ROAD LANCASTER, KN 4049  Title of public position or office sought STATE REPRESENTATIVE
Business address /// BROOKSIGE DRIVE NILHOLBSVILLE KY 4035
Business telephone (859) 885-4155
Home address 2606 CRAB DECHARD ROAD LANCASTER, KN HOW
Title of public position, or office sought STATE REPRESENTATIVE
Other occupations of filer CORPORATE PRESIDENT
Occupations of spouse HOME MAKER.
NOTE: The Following Sections Do Not Require Disclosure Of Specific Dollar Amounts.
Positions held by filer in any business, partnership, corporation for profit, or corporation
not for profit from which the filer receives compensation, and the name of the business,
partnership, or corporation PRESIDENT  WEU-DRAULICS INCORPORATEO
PHEW-DRAWNES INCORPORATED
Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation NoNE
Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of \$10,000 at fair market value, or 5% ownership interest or more  PHEU-DRAGHES THEORPORATED (SELF)  COMMERCIAL PROPERTY PICK KN (SELF)  TOWN SQUARE BANK MONEY MKT (SELF)  HOIK (SELF & WIFE)
TRALS TOWN SQUARE GELFEWIFE)

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ositions of a fiducia PNEU-DR	•	n business <u>C</u> NORPARI			HE	BOARD
other than the filer's held by the filer, file	primary resid r's spouse, or	ence, in which filer's minor c	n there is hildren_	an interest o	f \$10,	000 or more
other than the filer's held by the filer, file	primary resid	ence, in which filer's minor c	n there is hildren_		f \$10,	000 or more
other than the filer's held by the filer, file	primary resid t's spouse, or	ence, in which filer's minor c	there is hildren_	an interest o	f \$10,	000 or more
A designation as con other than the filer's held by the filer, file	primary resid t's spouse, or Buller	ence, in which filer's minor c	there is children	an interest o	f \$10,	000 or more

	PARMER'S NATIONAL BANK
	NICHOLASVILLE, ICY 40386
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The r	name of any legislative agent who is:
	1. A member of the filer's immediate family;
	2. A partner of the filer, or a partner of a member of the filer's immediate family;
	3. An officer or director of the filer's employer;
	4. An employer of the filer or an employer of a member of the filer's immediate family;
	5. A business associate of the filer or a business associate of a member of the
	filer's immediate family
	NONE
	*
The r	ames of any of the filer's clients who are legislative agents or employers
f voi	have held a professional license during the filing period, has a properly licensed
	er of yours engaged in the practice of cases or other matters which you are

If yes, list the names of the cl	ients represented and list the agencies before which the
partner made an appearance.	The filer need not identify which client was represented
before a specific agency.	

Clients			
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State Agency			
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## **NOTICES**

- 1. Upon receipt by the Commission, a statement of financial disclosure shall be a public record available for copying.
- 2. Any person who fails to file a statement of financial disclosure or who fails to remedy a deficiency identified by the Commission in a timely manner may be fined an amount not to exceed \$100 per day up to a maximum total fine of \$1000.
- 3. Any person who files a statement of financial interests which they know to contain false information, or to omit required information, shall be guilty of a class A misdemeanor.

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5/19/08 Date

Send completed statements to:

The Kentucky Legislative Ethics Commission

22 Mill Creek Park

Frankfort, Kentucky 40601

FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.